

BEHAVIOR CONSULTATION III (BC3)

General Description:

Behavior Consultation III (BC3) services address or prevent crisis behavior problems for people with disabilities by providing one-on-one hourly behavioral consultation with families and/or staff who support people with the most complex behavioral issues. BC3 services focus on the most involved and complex, difficult, dangerous, potentially life-threatening and resistant to change problems. In addition, the person has failed intervention, is frightening to others and is severely limited to activities and opportunities they could otherwise access. The person's problems are complicated by or derive from multiple etiological factors. Interventions used by the BC3 Contractor to address problem behavior shall be based upon the principles of applied behavior analysis and focus on positive behavior supports. The BC3 Contractor may provide consultation on behavior supports to DHS/DSPD staff who work in region offices. The Contractor receives referrals for BC3 services through the DHS/DSPD Behavior Consultant Coordinator or designated region staff.

The BC3 Contractor shall conduct Functional Behavior Assessments. Functional Behavioral Assessments shall focus on hard to separate multiple functions and may require functional analysis manipulation procedures. Assessments shall include the effects of multiple organic and dual-diagnosis issues. These assessments shall most likely be on referrals that are the most difficult to assess, plan, implement, and evaluate. The Contractor shall design Behavior Support Plans, train families and/or staff on behavior support plans, evaluate the effectiveness of the Behavior Support Plans, and make adjustments in the plans as needed.

These plans shall address multiple targets with detailed procedures for prevention, consequences and replacement behaviors, crisis and safety issues, and may include Level II/III intrusive procedures. (See Administrative Code, Rule R539-4-1-3 definitions.) Interventions shall focus on skill development and prevention procedures based on the principles of applied behavior analysis. Issues complicated by family problems and dynamics shall be addressed.

BC3 Services need to be coordinated with schools and other agencies addressing these behavior problems.

Evaluation summaries shall be detailed and based on objective data and graphs with multiple targets and treatment conditions used for visual analysis. Evaluation summaries shall be comprehensive, with graphs including treatment conditions and the effects of other interventions (e.g., medications), and integrate information from multiple sources. The BC3 Contractor may also consult with DHS/DSPD staff about the behavioral needs of persons, review the behavior supports provided by others through contract or utilization reviews, and participate in clinical reviews, behavior peer reviews or crisis prevention planning.

Behavior Supports

1. Behavioral intervention procedures shall be in accordance with DHS/DSPD Administrative Code, Rule R539-4 a copy of which can be found at: <http://www.rules.utah.gov/publicat/code/r539/r539-004.htm>.

2. All Behavior Support Plans shall emphasize a positive approach with effective treatment designed to acquire and maintain adaptive behaviors and prevent problem behaviors.
3. Written Behavior Support Plans shall include the following information:
 - a. A summary of the Functional Behavioral Assessment:
 - i. Describing the critical problem behavior.
 - ii. Predicting the circumstances in which the problem behavior is most likely to occur.
 - iii. Identifying the function of the problem behavior.
 - b. Baseline data.
 - c. Behavioral objective written in measurable and observable terms.
 - d. Data collection procedures that measure progress toward the Behavior Support Plan objectives.
 - e. Behavioral intervention procedures clearly written in detail to ensure consistent implementation by staff/supporters addressing the following areas:
 - i. Prevention procedures designed to decrease the need for the problem behavior.
 - ii. Planned responses and consequences for when the problem behavior occurs, this includes safety issues and efforts to minimize reinforcement for the problem behavior.
 - iii. Teaching or increasing replacement behaviors.
 - iv. When appropriate, the Behavior Support Plan shall also address generalization, maintenance, and fading procedures.
 - f. When Level II and Level III intrusive procedures are used, include a rationale for the use of intrusive procedures and a plan to discontinue the intrusive intervention over time.
 - g. Name and title of the Contractor/Employee who developed the Behavior Support Plan and name of the employee(s) responsible for supervising the implementation of the plan.
 - h. Dates for review and plan revisions in addition to required monthly summary.
 - i. Graphed data of the primary problem behavior(s) updated at least every 3 months for visual analysis.
 - j. The written approved Behavior Support Plan shall be available to all persons involved in implementing or supervising the plan.

Eligibility Description

BG SPINAL CHORD GENERAL FUND

SG SELF DETERM NON-MEDICAID

SM WAIVER_MEDICAID

Population Served

The person shall be found eligible under the DHS/DSPD eligibility criteria and shall be receiving other services or shall be on the DHS/DSPD waiting list. All persons served shall have special behavioral needs such as aggression, self-injurious, property destruction, non-compliance, eating and toileting problems. BC3 services shall focus on people with mental retardation or related conditions or on adults with acquired brain injury who suffer from the most complex, refractory and involved behavior problems that are potentially dangerous and life-threatening if left

unattended. BC3 services may be provided at the person's home, a programmatic setting, or other naturally occurring environment in the community.

Contractor's Qualifications

The Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. The Contractor must also agree to participate in any DHS/DSPD provided Medicaid training. The Contractor must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>.

The Contractor shall have all applicable licenses or certifications as prescribed in Utah Administrative Code, Rule R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits

The Contractor shall agree to be actively engaged in training provided by DHS/DSPD in the provision of positive behavioral supports. The Contractor shall successfully complete a training course in the provision of positive behavioral supports prescribed by DHS/DSPD and approved by the State Medicaid Agency and shall successfully pass a learning assessment at the conclusion of the course.

Staff to Person Ratios

Behavioral Consultation shall be one to one (1:1) service.

Staff Qualifications and Training

The Contractor's BC3 staff shall possess certification as a Board Certified Behavior Analyst (BCBA) (for more information on certification, see www.bacb.com) and possess at least three years of experience in the provision of services to persons with disabilities; or, possess a post-graduate degree of at least a Ph.D. level in a field related to behavior management, granted by an accredited American or Canadian institute of higher learning and a combination of training and experience equivalent to that required for certification as a Board Certified Behavior Analyst (BCBA). The Contractor shall be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance Utah Code § 62A-5-103.

The Contractor's BC3 staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record as required by Utah Administrative Code, Rule R501-14. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>.

The Contractor's BC3 staff shall agree to be actively engaged in training in positive behavioral supports provided by DHS/DSPD and shall successfully complete a learning assessment upon completion of training.

Record Keeping and Written Documentation

In order to assure the person's needs are being met and to assist DHS/DSPD in its efforts to evaluate the effectiveness of services, a copy of the following information shall be forwarded to DHS/DSPD within 30 days of its completion and shall be kept on file by the Contractor:

1. Functional Behavior Assessment
2. Behavior Support Plan
3. Follow-up Summary/Evaluation
4. Monthly summaries of the BC3 services

In order to document the provision of BC3 services, the Contractor shall develop and maintain sufficient written documentation to support the following:

1. Number of hours worked and activity;
2. Applicable licensure and certification;
3. Documentation of training(s) provided with topic, dates, names of attendees; and,
4. An approved referral as indicated on DHS/DSPD Form 1056 in the case of those receiving supports from DHS/DSPD, and on an alternative written document in the case of those awaiting services that assures compliance with DHS/DSPD eligibility requirements and can be compared with invoices.

Person Assessment and Treatment Plan

1. Behavior Supports
The Contractor shall maintain written documentation and shall comply with Utah Administrative Code, Rule R539-4.
2. Support Plans Objectives and Outcomes. The Contractor shall be expected to establish person objectives and track outcomes. DHS/DSPD defines a successful outcome for these services as a decrease in the behavior problem being addressed and the maintenance or increase in the frequency of occurrence of the replacement behavior.

Limitations:

1. Services provided by the Contractor cannot duplicate other supports and services available to the person. In addition, they shall be cost efficient and demonstrate effectiveness for the intended use.

2. The Contractor may not provide direct care for persons or transport persons for whom they are simultaneously providing behavioral consultation.
3. Behavior Support Plans developed by the Contractor are prohibited from including any of the following:
 - a. Corporal Punishment, examples: slapping, hitting, and pinching;
 - b. Demeaning Speech to a person that ridicules or is abusive;
 - c. Seclusion -- defined as locked confinement in a room;
 - d. Use of electric devices or other painful stimuli to manage behavior;
 - e. Denial or restriction of access to assistive technology; except where removal prevents injury to self, others, or property; or,
 - f. Withholding of meals as a consequence or punishment for problem behavior.
4. Behavior Support Plans, which include any Level II or Level III intrusive behavior intervention procedures, shall require DHS/DSPD review and approval. (Reference Utah Administrative Code, Rule R539-4.) BC3's can provide follow-up services for behavioral plans developed and monitored by BC3 contractors.
5. This service shall not be available to persons who might otherwise receive this service through the Medicaid State Plan or any other funding source.
6. Anyone providing BC3 services who is separated from employment as a BC3 provider *for cause* shall be immediately de-certified by DHS/DSPD and shall not be eligible for reinstatement of his/her certification to provide BC3 services. However, should the separation from employment as a BC3 provider for cause be reversed by a court or agency of appropriate jurisdiction, then such certification to provide BC3 services will be immediately restored by DHS/DSPD.

